RUN DATE OF REPORT: 08/14/2003 LAST FILE UPDATE: 08/13/2003 OSCAR REPORT 3 PAGE: 1

HISTORY FACILITY PROFILE

ST MARKS HOSPITAL TCU PROVIDER #: 465140 FACILITY BEDS TYPE ACTION: RECERTIFICATION

PROVIDER #: 465140 FACILITY BEDS
PHONE NUMBER: (801) 268-7540 TOTAL: 23
PARTICIPATION DATE: 10/11/1994 CERTIFIED: 23 TYPE ACTION: RECERTIFICATION
TOTAL: 23
TYPE OWNERSHIP: FOR PROFIT - CORPORATION 1200 EAST 3900 SOUTH SALT LAKE CITY UT 84124 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON	N 06/11/2003	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 23				
TOTAL:	22	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	21	SUSPENSION RESCINDED:					
MEDICAID:	0		23				
OTHER:	1						

CURRENT SURVEY REVISIT DATES - 07/16/2003

PRIOR 3 SURVEY 10/2000		PRIOR 2 SURVEY 06/2001	PRIOR 1 SURVEY 07/2002	S/S CODE	CURRENT SURVEY 06/11/20	S/S CODE 03	PLAN/DATE OF CORRECT		PROGRAM REQUIREMENTS
			X X	E D	ХС	D	07/15/2003	REQ	F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC F0241-DIGNITY F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
					X C	D	07/15/2003	REQ	F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
					X C	D	07/15/2003	REQ	F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	В							REQ	F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP

EDITION OF ICC ADDITED

EDITION OF LSC APPLIED									
	85 NEW	85 NEW	85 NEW	85 NEW					
	PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE				
	SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01			
	10/2000	06/2001	07/2002	06/10/2003					
				X C	06/11/2003	K0011-COMMON WALL			
			X	X P	07/28/2003	K0018-CORRIDOR DOORS			
		X				K0021-DOORS IN FIRE AND SMOKE PARTITIONS			
	X					K0038-EXIT ACCESS			
	X		X			K0072-FURNISHING AND DECORATIONS			
			X			K0076-MEDICAL GAS SYSTEM			

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT COP = CONDITION REQ = REQUIREMENT

TYPE OF	CURRENT	PRIOR 1	PRIOR 2	PRIOR 3
DEFICIENCY	SURVEY	SURVEY	SURVEY	SURVEY
CONDITION	0	0	0	0
REQUIREMENT	3	2	0	1
HEALTH TOTAL	3	2	0	1
LIFE SAFETY CODE	2	3	1	2
LIFE SAFETY CODE + HEALTH	5	5	1	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE STATUS

02/10/2000 UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY